

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street)

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer

Ms Maribeth Bersani

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		293019.97
(b) Cash on Hand at Beginning of Reporting Period.....	275143.43	
(c) Total Receipts (from Line 19)	16429.24	66492.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	291572.67	359512.35
7. Total Disbursements (from Line 31)	21095.83	89035.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	270476.84	270476.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16092.00

50091.00

(ii) Unitemized

180.00

4754.52

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16272.00

54845.52

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

16272.00

64845.52

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

157.24

1646.86

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

16429.24

66492.38

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

16429.24

66492.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	95.83	6285.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95.83	6285.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	82500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21095.83	89035.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21095.83	89035.51

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16272.00	64845.52
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16272.00	64595.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	95.83	6285.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	157.24	1646.86
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-61.41	4638.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Brenda J. Bacon

Mailing Address 14 Stead Ct

City

Voorhees

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 30 / 2012

Transaction ID : C1798987

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Joel Goldman

Mailing Address Hanson Bridgett, LLP
425 Market Street, 26th Floor

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hanson Bridgett, LLP-N/A

Occupation

Attorney

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 18 / 2012

Transaction ID : C1790591

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Thomas H. Grape

Mailing Address 220 Boylston St
Ste. 1518

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 31 / 2012

Transaction ID : C1798995

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Daniel Lawson

Mailing Address 47 Sagewood Drive

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 30 / 2012

Transaction ID : C1798988

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jesse Marinko

Mailing Address 526 Watercress Dr

City

Woodstock

State

GA

Zip Code

30188-7098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : C1798991

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Moran

Mailing Address 67 Prentice St

City

Waltham

State

MA

Zip Code

02452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Senior Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : C1798992

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14
(check only one)

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Keith Phillips

Mailing Address 177 Rumson Rd

City State Zip Code
 Rumson NJ 07760-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : C1798989

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Donald Thompson

Mailing Address 3 Marsh Creek Rd

City State Zip Code
 Fernandina Beach FL 32034-6413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Senior Living Communities, LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 02 / 2012

Transaction ID : C1785682

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Paul J. Williams

Mailing Address 613 Walnut Grove Road

City State Zip Code
 Essex MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALFA

Occupation

Association Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 02 / 2012

Transaction ID : C1775497

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

3042.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Richard Williams

Mailing Address 209 Highlands Lake Dr

City State Zip Code
 Cary NC 27511

FEC ID number of contributing
federal political committee.

C

Name of Employer

HHHunt Senior Living

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 12 2012

Transaction ID : C1787847

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. michael zusman

Mailing Address 1835 Savoy Drive
 Suite 200

City State Zip Code
 Atlanta GA 30341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kwalu-N/A

Occupation

CEO

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 19 2012

Transaction ID : C1791283

Amount of Each Receipt this Period

1700.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2050.00

TOTAL This Period (last page this line number only)..... ►

16092.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City Alexandria State VA Zip Code 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1646.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C1803145

Amount of Each Receipt this Period

157.24

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.24

157.24

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Sen. Bob Corker

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : D135110

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

21000.00